

Income Guideline Chart

150% of the Poverty Level

Number of People In Household	Total Household Income	
	Monthly	Yearly
1	\$1,354	\$16,245
2	\$1,821	\$21,855
3	\$2,289	\$27,465
4	\$2,756	\$33,075
5	\$3,224	\$38,685
6	\$3,691	\$44,295
7	\$4,159	\$49,905
8	\$4,626	\$55,515

*each additional person \$5,610

Who is eligible?

- Low income households. Income is determined by the federal poverty guidelines which are based on the number of people in the household and the total amount of money received by **each member** in the household.
- Households participating in the public assistance programs listed below **must contact their local telephone company** if the request for participation is based on any one of the following: **Food Stamps, Medicaid, Federal Housing Assistance Section 8, Supplemental Security Income, Low Income Home Energy Assistance Program (LIHEAP), Temporary Assistance to Needy Families (TANF), National School Lunch Program (NSL) or the Bureau of Indian Affairs Programs.**

Examples of Proof of Household Income And Supporting Documents

- Social Security Statement of Benefits
 - U.S. Income Tax Return
 - W-2 Wage and Tax Statements
 - Food Stamp, Medicaid, Public Housing, LIHEAP, TANF, SSI and WAGES **eligibility determination letters that show the income of the household**
 - Veteran's Administration Statement of Benefits
 - Unemployment Statement of Benefits
 - Bank Statement that shows the income of the household
 - Workman's Compensation Statement of Benefits
 - Divorce or Child Support Decree
 - 3 Consecutive Pay Stubs
 - Other official documents that state your income
- **You only need to send copies of the documents that apply to your household. **DO NOT SEND ORIGINALS**

Please be sure to enclose the following in order to expedite processing:

- Application completed and signed
- **Proof of total household income** (see above for examples)
- Recent copy of phone bill

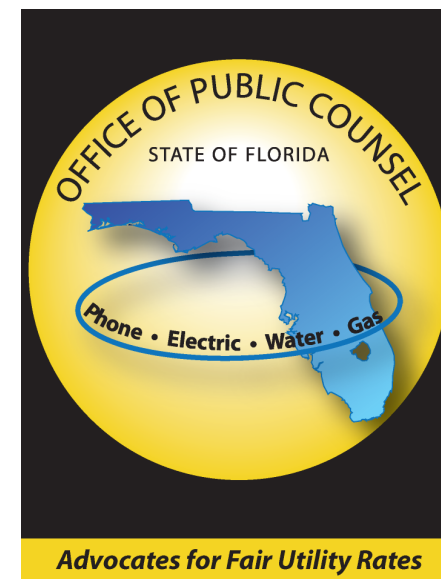
Return this form to:

**Office of the Public Counsel
c/o The Florida Legislature
111 West Madison Street, Room 812
Tallahassee, Florida 32399-1400**

Fax to: (850) 487-6419

For more information call: 1-800-540-7039

OFFICE OF PUBLIC COUNSEL



**LIFELINE /LINK-UP
FLORIDA TELEPHONE
ASSISTANCE PROGRAM
1-800-540-7039**

LIFELINE/LINK-UP FLORIDA TELEPHONE ASSISTANCE PROGRAM

WHAT IS IT?

- **LIFELINE** is a public assistance program that reduces the monthly telephone bill by at least \$13.50. (The reduction is in the form of a credit and is deducted from the basic service charge).
- **LINK-UP** is a public assistance program that reduces the cost of the telephone installation and service transfer fee by 50% up to the amount of \$30. **YOU MUST CONTACT YOUR TELEPHONE COMPANY TO REQUEST LINK-UP.** (The reduction is in the form of a credit and is deducted from the service installation or transfer charge).
- **LIFELINE/LINK-UP** is available for one telephone line per household. Phone service must be registered in the name of the applicant. **(Cell phone users and subscribers to companies other than AT&T Florida (formerly BellSouth), Embarq or Verizon should contact their service provider to apply for the program).**

Notice: If you have a discounted calling plan or calling package with your telephone company, it is possible that your telephone company will not allow you to take advantage of the Lifeline Link-up reduction in your monthly charges.

Check with your local company to determine the kind of service you currently have and if it prevents your household from receiving the Lifeline/Link-Up reduction in the basic service charge. **You may terminate your calling plan or package without penalty in order to take advantage of the Lifeline reduction in the basic service charge.**

The Lifeline/Link-Up Florida Telephone Assistance Programs are available to *low-income, residential households*. **Link-Up** reduces the first installation and service transfer fees by 50% up to \$30. **Lifeline** reduces the local basic telephone service charge by \$13.50 monthly (\$18.00 for Embarq customers). **Lifeline/Link-Up** is only available for one telephone landline per address. To qualify under income guidelines, your household must be no greater than 150% of the federal poverty guidelines. Documentation showing your household income **must** accompany this application. Information received will remain confidential.

Name (please print): _____

Last four digits of Social Security Number: _____

Service Address (number and street): _____

Apt./Lot/Unit/Room# (circle one): _____

City: _____

State: _____

Zip Code: _____

Mailing address (if different from service address):

What is your total monthly/yearly household income?

\$ _____ (monthly/yearly)

How many people live in your household?

Total Number: _____

Number of people receiving income: _____

Name as it appears on phone bill (please print): _____

Telephone Number (Number must be in the name of the person requesting service):
() _____

Name of your telephone company: _____

Are you applying for Link-Up? _____

Contact your telephone company to request Link-up.

Please read the following statement carefully before signing:

I certify under penalty of law that I am the applicant for the Lifeline/Link-Up Florida Telephone Assistance Program requested above. I agree to notify the telephone company when I am no longer eligible for this assistance program. The information provided above and its attachments are true and correct.

Applicant signature